



Division of Children and Family Services

State of Nebraska

Dave Heineman, Governor

**Request for Expungement Review
Child/Adult Protective Services Central Register/Registry**

If you want to have your name considered for removal (or expunged)) from the Child/Adult Protective Services Central Register/Registry, please supply the requested information.

Your current full name (please print).

Your date of birth and Social Security Number.

Other names previously used such as former married names, maiden name and nick names (please print).

Names and birth dates of your children and children who have lived with you (please print).

Your household addresses for the past 20 years.

If you remember the situation, you may provide your version of the incident. If you completed any type or program to correct the problem, such as therapy, drug and/or alcohol treatment, parenting classes, etc, you may want to include documentation of that program.

Mail your request to:

Nebraska Department of Health and Human Services
Children and Family Services
Attn: Expungement Request
P.O. Box 95026
Lincoln, NE 68509-5026